

Exhibit A

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052023223847

CERTIFICATE OF DEATH

3202319049752

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
OSCAR				VASQUEZ LOPEZ	
4. DATE OF BIRTH (month/day/year)					
03/04/1979					
5. AGE (in years)					
44					
6. SEX (M or F)					
M					
7. BIRTH STATE/PROVINCE/COUNTRY		8. BIRTH DATE (month/day/year)		9. BIRTH TIME (24 hours)	
GUATEMALA		10/07/2023		0120	
10. BIRTH PLACE (city and state/province/country)		11. EVER IN U.S. ARMED FORCES?		12. BIRTH STATUS (M or F)	
04		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		NEVER MARRIED	
13. DECEASED'S RACE (Up to 3 terms may be listed. See instruction on back)		14. DECEASED'S PLACE (Up to 3 terms may be listed. See instruction on back)			
OTHER HISPANIC					
15. USUAL OCCUPATION (Type of work for most of life. DO NOT USE RETIRED)		16. NAME OF BUSINESS OR INDUSTRY (e.g., grocery store, hotel, construction, employment agency, etc.)		17. YEARS IN OCCUPATION	
CONSTRUCTION WORKER		CONSTRUCTION		4	
18. DECEASED'S RESIDENCE (Street and number, or location)					
2036 E. WHITING AVE. APT. 5					
19. CITY		20. COUNTY/PROVINCE		21. ZIP CODE	
FULLERTON		ORANGE		92831	
22. YEARS IN COUNTY		23. STATE/PROVINCE/COUNTRY			
4		CA			
24. INFORMANT'S NAME, RELATIONSHIP					
NELSON GUDIEL VASQUEZ VELASQUEZ, SON					
25. ADDRESS (Street and number, or location, or care facility, or place of death)					
2036 E. WHITING AVE. APT. 5, FULLERTON, CA 92831					
26. NAME OF SURVIVING SPOUSE/PARTNER		27. MIDDLE		28. LAST BIRTH NAME	
29. NAME OF PREVIOUS SPOUSE/PARTNER		30. MIDDLE		31. LAST BIRTH NAME	
ANGEL				VASQUEZ	
32. NAME OF PREVIOUS SPOUSE/PARTNER		33. MIDDLE		34. LAST BIRTH NAME	
MICAELA				LOPEZ	
35. DECEASED'S DATE (month/day/year)		36. PLACE OF FINAL DISPOSITION		37. LICENSE NUMBER	
10/29/2023		CEMENTERIO GENERAL MUNICIPIO LAS CRUCES, DEPARTAMENTO DE PETEN, GUATEMALA 17000		EMB9025	
38. TYPE OF DISPOSITION		39. SIGNATURE OF DECEASED		40. LICENSE NUMBER	
TRANSIT/BURIAL		MICHAEL LEONARD PADILLA		EMB9025	
41. NAME OF FUNERAL ESTABLISHMENT		42. LICENSE NUMBER		43. DATE (month/day/year)	
FUNERARIA LATINO-AMERICANA		FD1412		10/13/2023	
44. NAME OF FUNERAL ESTABLISHMENT		45. SIGNATURE OF LOCAL REGISTRAR		46. DATE (month/day/year)	
FUNERARIA LATINO-AMERICANA		MUNTU DAVIS MD		10/13/2023	
47. PLACE OF DEATH		48. FACILITY ADDRESS (or location where found) (Street and number, or location)		49. CITY	
PARKING LOT		21051 SHERMAN WAY		LOS ANGELES	
50. COUNTY		51. FACILITY ADDRESS (or location where found) (Street and number, or location)		52. CITY	
LOS ANGELES		21051 SHERMAN WAY		LOS ANGELES	
53. CAUSE OF DEATH (Enter the chain of events - diseases, injuries or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without specifying the etiology. DO NOT abbreviate.)		54. DEATH REPORTED TO CORONER (If YES, enter date and time)		55. DEATH REPORTED TO CORONER (If YES, enter date and time)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		X YES <input type="checkbox"/> NO <input type="checkbox"/>		X YES <input type="checkbox"/> NO <input type="checkbox"/>	
IN SHOTGUN WOUND OF NECK AND SHOULDER		RAPID		2023-13617	
56. UNDERLYING CAUSE (Underlying condition, if any, leading to cause of death)		57. DEATH REPORTED TO CORONER (If YES, enter date and time)		58. DEATH REPORTED TO CORONER (If YES, enter date and time)	
X YES <input type="checkbox"/> NO <input type="checkbox"/>		X YES <input type="checkbox"/> NO <input type="checkbox"/>		X YES <input type="checkbox"/> NO <input type="checkbox"/>	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Shown by ICD-10)		60. DEATH REPORTED TO CORONER (If YES, enter date and time)		61. DEATH REPORTED TO CORONER (If YES, enter date and time)	
NONE		X YES <input type="checkbox"/> NO <input type="checkbox"/>		X YES <input type="checkbox"/> NO <input type="checkbox"/>	
62. WAS OPERATOR PERFORMED FOR ANY CONDITION IN ITEM 59 OR 60? (If YES, list type of operator and date)		63. DEATH REPORTED TO CORONER (If YES, enter date and time)		64. DEATH REPORTED TO CORONER (If YES, enter date and time)	
NO		X YES <input type="checkbox"/> NO <input type="checkbox"/>		X YES <input type="checkbox"/> NO <input type="checkbox"/>	
65. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		66. SIGNATURE AND TITLE OF CORONER		67. LICENSE NUMBER	
Deceased Reported Since: (month/day/year)		Deceased Last Seen Alive: (month/day/year)		Deceased Reported Since: (month/day/year)	
(A) (month/day/year)		(B) (month/day/year)		(C) (month/day/year)	
68. TYPE AND VENUE OF DEATH (Type of death, location, and place stated from the cause stated)		69. TYPE AND VENUE OF DEATH (Type of death, location, and place stated from the cause stated)		70. TYPE AND VENUE OF DEATH (Type of death, location, and place stated from the cause stated)	
X YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		X YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		X YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
71. PLACE OF DEATH (e.g., home, construction site, wooded area, etc.)		72. PLACED AT WORK?		73. PLACED AT WORK?	
OTHER: PARKING LOT		X YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		X YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
74. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		75. PLACED AT WORK?		76. PLACED AT WORK?	
SHOT BY OTHER		X YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		X YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
77. LOCATION OF INJURY (Street and number, or location, and city and zip)		78. PLACED AT WORK?		79. PLACED AT WORK?	
21051 SHERMAN WAY, LOS ANGELES, CA 91303		X YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		X YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
80. SIGNATURE OF CORONER, DEPUTY CORONER		81. DATE (month/day/year)		82. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER	
EVONNE R-JACKSON		10/12/2023		EVONNE R-JACKSON, DEP CORONER	
83. STATE REGISTRAR		84. DATE (month/day/year)		85. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER	
A B C D E		10/12/2023		EVONNE R-JACKSON, DEP CORONER	
86. STATE REGISTRAR		87. DATE (month/day/year)		88. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER	
A B C D E		10/12/2023		EVONNE R-JACKSON, DEP CORONER	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELESThis is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.

Health Officer and Registrar

DATE ISSUED

004049719
OCT 18 2023